

Case Number:	CM13-0008612		
Date Assigned:	09/12/2013	Date of Injury:	02/28/2012
Decision Date:	02/07/2014	UR Denial Date:	07/07/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old female who reported an injury on 01/14/2012 after the patient slipped and fell, landing on her buttocks that caused injury to her tailbone and left hip... The patient was initially treated with pain medications and activity modifications. The patient's most recent clinical evaluation revealed that the patient had developed chronic low back, neck, and right knee pain. Physical evaluation revealed a positive Spurling's test with tenderness to palpation of the left upper trapezius and suboccipitals. Evaluation of the lumbar spine revealed tenderness to palpation with spasms of the paraspinal musculature with tenderness to palpation over the sacroiliac joints bilaterally with decreased sensation to light touch in the lateral thigh and a positive straight leg raising test. Evaluation of the right knee revealed tenderness to palpation of the infrapatellar region with a positive McMurray's test and notable crepitus with full range of motion. It was noted that the patient had undergone a urinalysis on 05/01/2013 that was consistent with a normal range. The patient's diagnoses included cervical spine sprain/strain, right shoulder sprain/strain, left upper extremity radiculopathy, lumbar spine disc protrusions, lumbar spine radiculopathy, right knee internal derangement, myospasms, cervical spine multilevel disc bulges. The patient's treatment plan included continuation of medications, an MR arthrogram, a right knee brace, and a urinalysis sample.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar spine support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-308.

Decision rationale: The requested lumbar support between 10/03/2012 and 11/15/2012 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine states that, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The clinical documentation submitted for review does provide evidence that the patient's date of injury was in 01/2012. As the submitted request is in 10/2012, the patient would be beyond the acute phase of injury. Therefore, the use of a lumbar support would not be supported by guideline recommendations. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested lumbar spine support between 10/03/2012 and 11/15/2012 is not medically necessary or appropriate.

1 prescription of Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67.

Decision rationale: The prescription of ibuprofen between 10/03/2012 and 10/03/2012 is not medically necessary or appropriate. The clinical documentation submitted for review states that the patient reported some pain control with medication. However, the medications that the patient was using for pain control were not specifically identified in the 10/03/2012 chart note. California Medical Treatment Utilization Schedule recommends the use of nonsteroidal anti-inflammatory drugs after the patient has failed to respond to acetaminophen. Acetaminophen is considered a first line therapy for pain control. The clinical documentation on 10/03/2012 does not identify if the patient has failed to respond to first line pain relievers such as acetaminophen. Therefore, the use of ibuprofen between 10/03/2012 and 10/03/2012 would not be medically necessary or appropriate.

1 Urine Sample Collection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine sample collection between 10/03/2012 and 10/03/2012 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of urine drug screening when there is suspicion of illicit street drug use or the need to monitor for aberrant behavior due to continued opioid therapy. The clinical documentation for 10/03/2012 does not specifically identify any medications that would need to be monitored. Additionally, there is no documentation of behaviors that would provide suspicion of illicit drug use. Therefore, the need for a urine sample collection would not be indicated. As such, the requested urine sample collection between 10/03/2012 and 10/03/2012 is not medically necessary or appropriate.